



75 S Nehalem Street  
PO BOX 9  
Clatskanie, OR 97016  
Office 503-728-2622 Fax 503-728-3297

### PUBLIC RECORDS REQUEST FORM

#### REQUESTOR INFORMATION

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred method of contact:  Mail  Phone  Email  Fax

Is this request related to a lawsuit in which the City of Clatskanie is a party, or a tort claims notice filed with the City of Clatskanie?  Yes  No

#### REQUESTED INFORMATION/RECORD(S)

Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets.

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- The City will respond to your request as soon as practicable, but in any event not more than 30 days from the date of receipt.
- If the estimated costs involved in fulfilling your request exceed \$25.00, the city will advise you of the estimated costs and require your approval before beginning the work.
- If the fee estimate exceeds \$25.00, a deposit may be required to begin the work.
- Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. I understand these costs may include the cost of searching for records, attorney review of records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing records. I agree to pay a deposit of the estimated costs, if required. I also understand that the documents or records requested may not be immediately available for my review, and that I may need to make an appointment to review the documents or records. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact.

\_\_\_\_\_  
Signature of Requestor